

SERFF Tracking Number: FDLR-125750472 State: Arkansas
Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 39765
Company Tracking Number:
TOI: L07G Group Life - Whole Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life
Product Name: AR EOB Riders
Project Name/Number: /

Filing at a Glance

Company: Fidelity Life Association, A Legal Reserve Life Insurance Company

Product Name: AR EOB Riders	SERFF Tr Num: FDLR-125750472	State: ArkansasLH
TOI: L07G Group Life - Whole	SERFF Status: Closed	State Tr Num: 39765
Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life	Co Tr Num:	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Author: Barbara Mooney	Disposition Date: 08/01/2008
	Date Submitted: 07/29/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Overall Rate Impact:	Group Market Type: Employer, Association
Filing Status Changed: 08/01/2008	
State Status Changed: 08/01/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Please see cover letter.	

Company and Contact

Filing Contact Information

SERFF Tracking Number: FDLR-125750472 State: Arkansas
Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 39765
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TOI: L07G Group Life - Whole Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life
Product Name: AR EOB Riders
Project Name/Number: /

Ciaran Brady, Vice President - Operations Ciaran.Brady@FLA-Life.com
1211 W 22nd St, Suite 209 (630) 522-0392 [Phone]
Oak Brook, IL 60523 (630) 522-0397[FAX]

Filing Company Information

Fidelity Life Association, A Legal Reserve Life Insurance Company CoCode: 63290 State of Domicile: Illinois
1211 W 22nd St. Group Code: 3413 Company Type: Life
Suite 209
Oak Brook, IL 60523 Group Name: State ID Number:
(630) 522-0392 ext. [Phone] FEIN Number: 36-1068685

SERFF Tracking Number: FDLR-125750472 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$40.00
Retaliatory? No
Fee Explanation: 2 Forms @ \$20.00 per form = \$40.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Fidelity Life Association, A Legal Reserve Life Insurance Company	\$40.00	07/29/2008	21645041

SERFF Tracking Number: *FDLR-125750472* *State:* *Arkansas*
Filing Company: *Fidelity Life Association, A Legal Reserve Life Insurance Company* *State Tracking Number:* *39765*
Company Tracking Number:
TOI: *L07G Group Life - Whole* *Sub-TOI:* *L07G.101 Fixed/Indeterminate Premium - Single Life*
Product Name: *AR EOB Riders*
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	08/01/2008	08/01/2008

SERFF Tracking Number: *FDLR-125750472* *State:* *Arkansas*
Filing Company: *Fidelity Life Association, A Legal Reserve Life Insurance Company* *State Tracking Number:* *39765*
Company Tracking Number:
TOI: *L07G Group Life - Whole* *Sub-TOI:* *L07G.101 Fixed/Indeterminate Premium - Single Life*
Product Name: *AR EOB Riders*
Project Name/Number: */*

Disposition

Disposition Date: 08/01/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FDLR-125750472 State: Arkansas

Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 39765

Company Tracking Number:

TOI: L07G Group Life - Whole Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life

Product Name: AR EOB Riders

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Actuarial Certification		No
Supporting Document	Cover Letter		Yes
Supporting Document	Filing Authorization		Yes
Supporting Document	Sample Schedule Pages		Yes
Supporting Document	Statement of Variability		Yes
Form	Extension of Benefits Rider		Yes
Form	Extension of Benefits Optional Benefit		Yes

SERFF Tracking Number: FDLR-125750472 State: Arkansas

Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 39765

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TOI: L07G Group Life - Whole Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life

Product Name: AR EOB Riders

Project Name/Number: /

Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	W3P08	Policy/Cont Extension of Benefits Initial ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider				W3P08 EOB Rdr.pdf
	W3008	Certificate Extension of Benefits Initial Amendmen Optional Benefit t, Insert Page, Endorseme nt or Rider				W3008 optional EOB.pdf

EXTENSION OF BENEFITS RIDER

This Rider is available to the Certificate Holder as an Optional Benefit upon payment of premium

RIDER PART OF POLICY: This Optional Benefit may become part of the Certificate Holder's Coverage in response to an authorized election and payment of applicable premiums. Those premiums are shown on the Certificate Schedule Page. All the provisions of The Policy and the Accelerated Death Benefit for Long Term Care Rider apply to this Rider.

EXTENSION OF BENEFIT: This Rider extends the Coverage provided by The Policy and Accelerated Death Benefit for Long Term Care Rider by increasing the Certificate's Death Benefit, subject to the terms and conditions defined herein.

MONTHLY INCREASE IN DEATH BENEFIT: We will increase the Death Benefit of the Certificate by the Long Term Care Monthly Accelerated Death Benefit for Confinement shown on the Certificate Schedule Page subject to our determination that all the following terms and conditions have been satisfied:

1. Benefits under this Rider remain in force; and,
2. We have received proof that the Insured is alive and continues to meet all the conditions on eligibility for payment of Long Term Care Benefits under an Accelerated Death Benefit Rider; and,
3. The Remaining Death Benefit available for Long Term Care payments has been exhausted; and,
4. The Certificate shall not be eligible for any additional Monthly Increase in Death Benefit until the previous Monthly Increase in Death Benefit has been paid under the terms of the Accelerated Death Benefit for Long Term Care Rider; and,
5. The cumulative Monthly Increase in Death Benefit Amounts under this Rider will not exceed the Multiple of the Current Death Benefit of the Certificate determined as of the monthly Certificate date that the final monthly payment under the terms of the Accelerated Death Benefit for Long Term Care Rider was made. The Multiple is shown on the Certificate Schedule Page.

Subject to the terms and conditions above, the initial Monthly Increase in Death Benefit will be made on the monthly Certificate date that the final monthly Long Term Care payment is made under the terms of the optional Accelerated Death Benefit for Long Term Care Rider. Additional increases will be made on each monthly anniversary that the Remaining Accelerated Death Benefit has been exhausted due to a payment of a Long Term Accelerated Death Benefit.

BENEFIT EFFECTIVE DATE: The Effective and Expiry dates of Benefits under this Rider are shown on the Certificate Schedule Page. Benefits under this Rider will not be in effect unless the Coverage to which it is attached becomes effective.

INSURED: Insured means the person who is the Insured under The Policy.

GUARANTEED RENEWABLE: As long as You pay the premium on time and Benefits under this Rider are in force, it is renewable, subject to the Rider's terms. We can't change the terms of this Rider, but We can increase the premium up to the guaranteed maximum. The current and guaranteed maximum premiums are shown on the Certificate Schedule Page. Any change in premium will be made on the Coverage anniversary date. New premiums will be based on the Insured's age and Premium Class on the Rider's Coverage Date. We must notify You at least 45 days before a premium change. Notice will be mailed to Your last address as shown on Our records.

REINSTATEMENT: If satisfactory evidence of insurability is furnished to us with respect to the Insured, Benefits under this Rider may be reinstated upon reinstatement of the Coverage and the Accelerated Death Benefit for Long Term Care Rider. The reinstated Benefit will only provide benefits for care or confinement that begins after the date of reinstatement.

EXTENSION OF BENEFITS RIDER

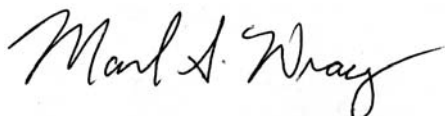
Continued from previous page.

CONTESTABILITY/SUICIDE: The Incontestability and Suicide provisions of The Policy apply to the Insured under this Rider. The Incontestability provision of The Policy also applies to any reinstatement of Benefits under this Rider as regards to statements made in the application for reinstatement.

BENEFIT TERMINATION: Benefits under this Rider will end at the earliest of the following events:

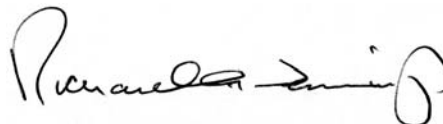
- a. On the Expiry Date of this Benefit, as shown on the Certificate Schedule Page; or
- b. The date the Accelerated Death Benefit for Long Term Care terminates; or
- c. The date the Death Benefit of the Certificate has been increased up to the total increase allowed by this Rider; or
- d. When the Coverage matures; or
- e. By written request by the Certificate Holder; or
- f. When the Coverage terminates for any reason; or
- g. At the end of the 31 day grace period for an unpaid premium; or
- h. The date the entire Death Benefit of the Certificate has been paid under the Accelerated Death Benefit for Long Term Care Rider and the Insured no longer satisfies the conditions on Eligibility for payment of Long term Care Benefits.

FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIFE INSURANCE COMPANY



Secretary

Fidelity Life Association
1211 West 22nd Street, Suite 209
Oak Brook, IL 60523



President

Administrative Office
Fidelity Life Association
[17 Church St.
Keene, NH 03431]

OPTIONAL EXTENSION OF BENEFITS

This Benefit was elected by You as part of Your Coverage

BENEFIT PART OF COVERAGE: This Benefit is part of Your Coverage provided in response to your enrollment form and payment of premiums for this Benefit. Those premiums are shown on the Certificate Schedule Page. All the provisions of The Policy and the Accelerated Death Benefit for Long Term Care Rider apply to this Optional Benefit.

EXTENSION OF BENEFIT: This Optional Benefit extends the Coverage provided by the Certificate and Accelerated Death Benefit for Long Term Care by increasing the Certificate's Death Benefit, subject to the terms and conditions defined herein.

MONTHLY INCREASE IN DEATH BENEFIT: We will increase the Death Benefit of the Certificate by the Long Term Care Monthly Accelerated Death Benefit for Confinement shown on the Certificate Schedule Page subject to our determination that all the following terms and conditions have been satisfied:

1. This Optional Benefit remains in force; and
2. We have received proof that the Insured is alive and continues to meet all the conditions on eligibility for payment of Long Term Care Benefits under an Accelerated Death Benefit; and
3. The Remaining Death Benefit available for Long Term Care payments has been exhausted; and
4. The Certificate shall not be eligible for any additional Monthly Increase in Death Benefit until the previous Monthly Increase in Death Benefit has been paid under the terms of the Accelerated Death Benefit for Long Term Care; and
5. The cumulative Monthly Increase in Death Benefit Amounts under this Benefit will not exceed the Multiple of the Current Death Benefit of the Certificate determined as of the monthly Certificate date that the final monthly payment under the terms of the Accelerated Death Benefit for Long Term Care was made. The Multiple is shown on the Certificate Schedule Page.

Subject to the terms and conditions above, the initial Monthly Increase in Death Benefit will be made on the monthly Certificate date that the final monthly Long Term Care payment is made under the terms of the Optional Accelerated Death Benefit for Long Term Care. Additional increases will be made on each monthly anniversary that the Remaining Accelerated Death Benefit has been exhausted due to a payment of a Long Term Accelerated Death Benefit.

BENEFIT EFFECTIVE DATE: The Effective and Expiry dates of this Optional Benefit are shown on the Certificate Schedule Page. This Optional Benefit will not be in effect unless the Coverage to which it is attached becomes effective.

INSURED: Insured means the person who is the Insured under the Certificate to which this Optional Benefit is attached.

GUARANTEED RENEWABLE: As long as You pay the premium on time and this Optional Benefit is in force, it is renewable, subject to the Benefit's terms. We can't change the terms of this Benefit, but We can increase the premium up to the guaranteed maximum. The current and guaranteed maximum premiums are shown on the Certificate Schedule Page. Any change in premium will be made on the Coverage anniversary date. New premiums will be based on the Insured's age and Premium Class on the Benefit's Coverage Date. We must notify You at least 45 days before a premium change. Notice will be mailed to Your last address as shown on Our records.

REINSTATEMENT: If satisfactory evidence of insurability is furnished to us with respect to the Insured, this Optional Benefit may be reinstated upon reinstatement of the Coverage and Accelerated Death Benefit for Long Term Care. The reinstated Optional Benefit will only provide benefits for care or confinement that begins after the date of reinstatement.

CONTESTABILITY/SUICIDE: The Incontestability and Suicide provisions of The Policy apply to the Insured under this Optional Benefit. The Incontestability provision of The Policy also applies to any reinstatement of this Optional Benefit as regards to statements made in the application for reinstatement.

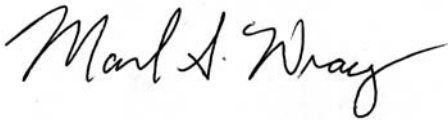
OPTIONAL EXTENSION OF BENEFITS

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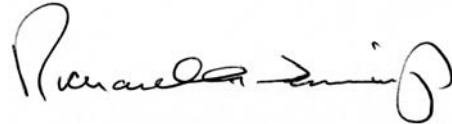
BENEFIT TERMINATION: This Optional Benefit ends automatically

- a. On the Expiry Date of this Benefit, as shown on the Certificate Schedule Page; or
- b. The date the Accelerated Death Benefit for Long Term Care terminates; or
- c. The date the Death Benefit of the Certificate has been increased up to the total increase allowed by this Benefit; or
- d. When the Coverage matures; or
- e. By written request by the Certificate Holder; or
- f. When the Coverage terminates for any reason; or
- g. At the end of the 31 day grace period for an unpaid premium; or
- h. The date the entire Death Benefit of the Certificate has been paid under the Accelerated Death Benefit for Long Term Care and the Insured no longer satisfies the conditions on Eligibility for payment of Long Term Care Benefits.

FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIFE INSURANCE COMPANY



Secretary



President

Fidelity Life Association
1211 West 22nd Street, Suite 209
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Administrative Office
Fidelity Life Association
[17 Church St.
Keene, NH 03431]

<i>SERFF Tracking Number:</i>	<i>FDLR-125750472</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>AR EOB Riders</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: FDLR-125750472 State: Arkansas
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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 07/28/2008
Comments:
Attachments:
Form List.pdf
Readability Certification.pdf

Review Status:

Satisfied -Name: Application 07/28/2008
Comments:
Form has been approved in W6002, approval 8/29/2006.

Review Status:

Satisfied -Name: Actuarial Certification 07/28/2008
Comments:
Attachments:
ARM LTC EOBR Act Memo 2008-07-22 v0[1].pdf
ARM FLA Act Memo EOBR Rates 2008-07-22[1].pdf

Review Status:

Satisfied -Name: Cover Letter 07/28/2008
Comments:
Attachment:
COVER LETTER.pdf

Review Status:

Satisfied -Name: Filing Authorization 07/28/2008
Comments:
Attachment:
Filing Authorization 06-2008.pdf

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Product Name: AR EOB Riders
Project Name/Number: /

Review Status:

Satisfied -Name: Sample Schedule Pages 07/28/2008
Comments:
Attachment:
lbt schdeule page 072408.pdf

Review Status:

Satisfied -Name: Statement of Variability 07/28/2008
Comments:
Attachment:
Stmt of Variability.pdf

Fidelity Life Association
Forms Listing

Form #	Form Name	Description
W3P08	Extension of Benefits Rider	This Rider is attached to The Policy and may provide an extension of the coverage provided by the policy and the Accelerated Death Benefit for Long Term Care Rider by increasing the certificate's death benefit.
W3008	Optional Extension of Benefits	This Optional Benefit is attached to the Certificate of Coverage and may provide an extension of the coverage provided by the policy and the Accelerated Death Benefit for Long Term Care Rider by increasing the certificate's death benefit.

Fidelity Life Association, A Legal Reserve Life Insurance Company
Readability Certification

This is to certify that the forms listed below are in compliance with your state's readability requirements.

A. Option Selected

☐ 1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is _____.

☒ 2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for the policy and each form are indicated below:

Forms and Form Numbers to Which Certification is Applicable:

Form	Form Number	Flesch Score
Extension of Benefits Rider	W3P08	55.3
Optional Extension of Benefits	W3008	55.2

B. Test Option Selected

☒ 1. Test was applied to entire policy form(s)

☐ 2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standards for Certification

A checked block indicates standard has been achieved

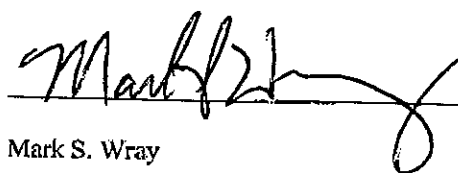
☒ 1. The policy text achieves a minimum score of 45 on the Flesch reading ease test in accordance with the option chosen in Section A above.

☒ 2. It is printed in not less than ten point type, one point leaded. (This does not apply to specification pages, schedules and tables.)

☒ 3. The layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.

- ☒ 4. The section titles are captioned in bold face type or otherwise stand out significantly from the text.
- ☒ 5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.
- ☒ 6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.
- ☒ 7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages.)

The certification must be signed by an officer of the insurer.


Mark S. Wray

Senior Vice-President, Secretary, and CFO

Date: July 24, 2008

Fidelity Life Association
Actuarial Memorandum

EXTENSION OF BENEFITS

Extension of Benefits Rider - Form W3P08
Optional Extension of Benefits - Form W3008

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(10) Premium Modal Factors:	3
(11) Morbidity - Incidence:	3
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(22) Anticipated Loss Ratio:	5
(23) Historical Experience:	5
(24) Lifetime Loss Ratio:	5
(25) History of Rate Adjustments:	5
(26) Number of Policyholders:.....	5
(27) Effective Date:.....	5
Actuarial Certification	5

Scope and Purpose: The purpose of this actuarial memorandum is to present information to demonstrate the reasonableness of the work performed in determining the premium rates to be used for the forms and to demonstrate compliance with the state's requirements. This rate filing is not intended to be used for other purposes.

Product Features

(1) Plan Description & Underwriting: This Rider extends the Coverage provided by The Policy and Accelerated Death Benefit for Long Term Care Rider by increasing the Certificate's Death Benefit, as described in the Benefits section, below. The rider is underwritten on the same basis as the base life insurance plan it is made a part of. The base life product and rider are designed for the worksite/association/sponsored marketplace and are both underwritten according to the traditional guidelines for these markets: Guaranteed issue, conditional guaranteed issue and simplified issue underwriting. The product has a gender (sex distinct or unisex, as permitted by state) and nicotine use structure for premiums. Premiums will vary depending on the characteristics of the group.

The policy design and coverage provided have been reviewed and taken into consideration.
The underwriting and claims adjudication processes have been reviewed and taken into consideration.

Benefits under this Rider will end at the earliest of the following events:

- a. On the Expiry Date of this Benefit, as shown on the Certificate Schedule Page; or
- b. The date the Accelerated Death Benefit for Long Term Care terminates; or
- c. The date the Death Benefit of the Certificate has been increased up to the total increase allowed by this Rider; or
- d. When the Coverage matures; or
- e. By written request by the Certificate Holder; or
- f. When the Coverage terminates for any reason; or
- g. At the end of the 31 day grace period for an unpaid premium; or
- h. The date the entire Death Benefit of the Certificate has been paid under the Accelerated death Benefit for Long Term Care Rider and the Insured no longer satisfies the conditions on Eligibility for payment of Long term Care Benefits.

(2) Benefits: This rider will increase the Death Benefit of the Certificate by the Long Term Care Monthly Accelerated Death Benefit for Confinement shown on the Certificate Schedule Page subject to our determination that all the following terms and conditions have been satisfied:

1. Benefits under this Rider remain in force; and,
2. We have received proof that the Insured is alive and continues to meet all the conditions on eligibility for payment of Long Term Care Benefits under an Accelerated Death Benefit Rider; and,
3. The Remaining Death Benefit available for Long Term Care payments has been exhausted; and,
4. The Certificate shall not be eligible for any additional Monthly Increase in Death Benefit until the previous Monthly Increase in Death Benefit has been paid under the terms of the Accelerated Death Benefit for Long Term Care Rider; and,
5. The cumulative Monthly Increase in Death Benefit Amounts under this Rider will not exceed the Multiple of the Current Death Benefit of the Certificate determined as of the monthly Certificate date that the final monthly payment under the terms of the Accelerated Death Benefit for Long Term Care Rider was made. The Multiple is shown on the Certificate Schedule Page.

Subject to the terms and conditions above, the initial Monthly Increase in Death Benefit will be made on the monthly Certificate date that the final monthly Long Term Care payment is made under the terms of the optional Accelerated Death Benefit for Long Term Care Rider. Additional increases will be made on each monthly anniversary that the Remaining Accelerated Death Benefit has been exhausted due to a payment of a Long Term Accelerated Death Benefit.

(3) **Renewability:** This form uses a guaranteed renewable structure. The company reserves the right to adjust premiums, subject to the guarantees, on a class basis, as defined by the Company.

(4) **Applicability:** This forms and rates included in this filing will be available to new issues only.

(5) **Issue Ages and Rate Structure:** This rider will be sold to base insureds, ages 16 through 70. The issue age premiums will vary by gender (sex distinct or unisex, as permitted by state) and nicotine use, and will vary depending on the characteristics of the group. The Company may elect to change the rate structure on a prospective basis for newly issued contracts. Initial premiums are guaranteed for the 1st policy year.

(6) **Marketing Method:** Marketing will be conducted primarily through independent agency distributions.

(7) **Nonforfeiture:** No nonforfeiture benefits are provided by this rider.

Pricing Assumptions

(8) **Derivation of Gross Premiums:** Premium rates are level, based on issue age on an age last birthday basis. Premium rates were developed using Tillinghast Actuarial Software's (TAS') accident and health module. Pricing assumptions were entered into the TAS model. Cash flow projections were performed and iterations run to solve for gross premiums that are expected to provide the funds necessary to pay anticipated claims, expenses, taxes and commissions; set up appropriate reserves and surplus; provide an acceptable return to the company; and meet state requirements.

The initial premium rate schedule is sufficient to cover anticipated costs under moderately-adverse experience and that the premium rate schedule is reasonably expected to be sustainable over the life of the form with no future premium increases anticipated.

The premium rates are not less than the premium rate schedule for existing similar policy forms also available from the insurer except for reasonable differences attributable to benefits.

The margins between the gross premiums and net valuation premiums of the base policy and rider are expected to cover renewal expenses.

Assumptions used in the calculations are described below and are consistent with those for the base policy.

(9) **Premium:** Current and Guaranteed premium rates are shown separately in the accompanying Rate Schedule.

The rider is expected to have an average issue age of 38, an average face of \$56,000, and an average annual premium of 7.45 for a Death Benefit Multiple of 1, and an annual average premium of 11.56 for a Death Benefit Multiple of 2. This is based on Current Group Rate 1, and a 50%/50% Male/Female distribution.

(10) **Premium Modal Factors:** Semi-annual = Annual x 0.50; Quarterly = Annual x .25; Monthly = Annual x 0.08333

(11) **Morbidity - Incidence:** Actuarial Risk Management (ARM) claim costs for long term care were utilized, based on ARM long term care cost guidelines. The basis for these guidelines is governmental studies, experience of clients, and the judgment of ARM actuaries. A sample set of incidence rates is shown in Exhibit 1.

(12) **Morbidity - Termination:** Termination Rates were developed by ARM, based on experience and judgment. A sample set of termination rates is shown in Exhibit 2.

(13) **Mortality:** 1975-80 Ultimate ALB, adjusted to be in line with the base policy. A sample set of mortality rates is shown in Exhibit 3.

(14) **Trend Assumptions:** No medical or insurance trends were used in pricing this product.

(15) **Area Factors:** No area factors are used.

(16) **Expenses:** Expenses consist of commissions and allowance, underwriting and issue expense, claim administration expense, and premium taxes. Expense assumptions, including compensation, are shown in the table below (except for the overhead contribution).

<i>Type</i>	<i>Percent of Premium</i>	<i>Per Rider</i>	<i>Claim Incurred^</i>	<i>per Disabled Claim</i>
Claims	N/A	N/A	N/A	\$60
Premium Tax	2.5%	N/A	N/A	N/A
Commissions	99% FY/6.5% 2-10/3.5% 11+			

Overhead Expenses: The product assumed an overhead contribution of 4% of premium in year 1.

Target Surplus: 4% of premium

(17) Distribution:

These are the distributions used in the development of the projected loss ratios found at the end of this memorandum.

<u>Issue Age</u>	<u>25</u>	<u>35</u>	<u>45</u>	<u>55</u>
Non-nicotine	18%	36%	27%	9%
Nicotine	2%	4%	3%	1%

(18) **Lapse Rates:** Set at rates in line with the market and the base product.

1	20%
2	15
3	10
4	9
5+	8

Lapse rates are set to 25% at the later of attained age 65, or the 6th certificate year.

(19) **Interest assumption:** Set at 5.25% for years 1 through 2, and 5.5% thereafter. This represents a net earned rate after investment expenses and defaults.

Valuation Basis

(20a) Active Life Reserves

Morbidity Basis - ARM developed incidence rates

Mortality Basis - 2001 CSO ALB (or approved table in future periods)

Lapse Rates - where and to the extent permitted

Interest - 4% (or maximum allowable by law in future periods)

Reserve Method - One Year Full Preliminary Term

Because the policy is guaranteed renewable, the policy termination rates include:

- (1) the valuation mortality rates and
- (2) the pricing lapse rates, where and to the extent permitted.

The morbidity costs take into account:

1. the probability of receiving the monthly payment, and
2. the premium waived for this rider during the benefit period

The reserve assumptions contain reasonable margins for adverse deviation. The net valuation renewal year premium does not increase, except for attained-age rating, if permitted.

Substandard morbidity: In calculating active life reserves, claim costs are increased by any substandard factor (percentage) included on the policy.

Any negative mid-terminal reserves were floored at zero, resulting in higher reserves on some policies.

Reserves for the base policy form will not be affected by the addition of this rider. The combined reserves of the base policy and the rider are at least as conservative as would be calculated according to a multiple decrement approach.

A sample set of active life reserve factors is shown in Exhibit 4.

(20b) Claims Reserves

Termination Rates - were developed by ARM, based on experience and judgment.

Interest - 4% (or maximum allowable by law in future periods)

Reserve Method - Present Value of Future Benefits following the Valuation date

If credible, company data will be used in the first policy year. Claim expense reserves were based on the assumption shown in the expense section.

Filing Information

(21) Minimum Required Loss Ratio: The product will meet the requirements in the state in which it is filed. For those states not adopting the NAIC model regulation on A&H or a variation, do not have a minimum requirement on loss ratio. For those states, which has adopted the NAIC version, those states the minimum requirement is 50%. For those states, which adopted a variation of the NAIC model regulation, the minimum loss ratio varies by state but ranges from 50% to 55%. Due to the many variations amongst the states, this product was priced to produce a loss ratio of 60%.

(22) Anticipated Loss Ratio:

This form was priced to produce an anticipated loss ratio of 60%. The expected lifetime loss ratio is 60.8%

(23) Historical Experience: These are new forms. No prior experience exists.

(24) Lifetime Loss Ratio: This is a new filing. The expected lifetime loss ratio is 60.8%.

(25) History of Rate Adjustments: These are new forms.

(26) Number of Policyholders: These are new forms.

(27) Effective Date: The proposed effective date of the premium rates is the date they are approved by the state.

Actuarial Certification

To the best of my knowledge and judgment, this filing is in compliance with the applicable laws of the state in which this policy is filed and with the rules of the Department of Insurance and complies with Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans," and the benefits provided are reasonable in relation to the proposed premiums. I certify that the morbidity table used to calculate active life reserves for these forms is an appropriate statutory valuation table.

Reliance

In preparing this actuarial memorandum and certifying to the reasonableness of the premiums, I have relied on information provided to me by FLA. Although I have not audited this information, I have reviewed it for reasonableness. To the extent that it is incomplete or inaccurate, the contents of this memorandum may be materially affected.



Corwin K Zass, ASA MAAA FCA
Actuarial Risk Management
Principal & Consulting Actuary
July 22, 2008

Exhibit 1
Sample Annual Incidence Rates
Current Group Rate 1, 50%/50% Male/Female distribution

<u>Duration</u>	<u>Age 25</u>	<u>Age 35</u>	<u>Age 45</u>	<u>Age 55</u>
1	0.00009	0.00009	0.00021	0.00041
2	0.00009	0.00010	0.00023	0.00048
3	0.00009	0.00011	0.00025	0.00056
4	0.00009	0.00012	0.00028	0.00064
5	0.00009	0.00014	0.00029	0.00072
6	0.00009	0.00015	0.00031	0.00079
7	0.00009	0.00017	0.00033	0.00086
8	0.00009	0.00018	0.00035	0.00094
9	0.00009	0.00019	0.00036	0.00106
10	0.00009	0.00020	0.00039	0.00117
11	0.00009	0.00021	0.00041	0.00128
12	0.00010	0.00023	0.00048	0.00139
13	0.00011	0.00025	0.00056	0.00150
14	0.00012	0.00028	0.00064	0.00194
15	0.00014	0.00029	0.00072	0.00237
16	0.00015	0.00031	0.00079	0.00281
17	0.00017	0.00033	0.00086	0.00325
18	0.00018	0.00035	0.00094	0.00367
19	0.00019	0.00036	0.00106	0.00490
20	0.00020	0.00039	0.00117	0.00611
21	0.00021	0.00041	0.00128	0.00732
22	0.00023	0.00048	0.00139	0.00853
23	0.00025	0.00056	0.00150	0.00974
24	0.00028	0.00064	0.00194	0.01250
25	0.00029	0.00072	0.00237	0.01525
26	0.00031	0.00079	0.00281	0.01801
27	0.00033	0.00086	0.00325	0.02076
28	0.00035	0.00094	0.00367	0.02352
29	0.00036	0.00106	0.00490	0.02884
30	0.00039	0.00117	0.00611	0.03417

Exhibit 2
Sample Monthly Termination Rates
By Month of Disability - Nonsmoker

Policy Month	<u>25</u>	<u>35</u>	<u>45</u>	<u>55</u>
1	0.00000	0.00000	0.00000	0.00000
2	0.00000	0.00000	0.00000	0.00000
3	0.00000	0.00000	0.00000	0.00000
4	0.07016	0.07016	0.07016	0.07016
5	0.06798	0.06798	0.06798	0.06798
6	0.05566	0.05566	0.05566	0.05566
7	0.05918	0.05918	0.05918	0.05918
8	0.04996	0.04996	0.04996	0.04996
9	0.04299	0.04299	0.04299	0.04299
10	0.03330	0.03330	0.03330	0.03330
11	0.03545	0.03545	0.03545	0.03545
12	0.03616	0.03616	0.03616	0.03616
13	0.02828	0.02828	0.02828	0.02828
14	0.03067	0.03067	0.03067	0.03067
15	0.02511	0.02511	0.02511	0.02511
16	0.02420	0.02420	0.02420	0.02420
17	0.02782	0.02782	0.02782	0.02782
18	0.02687	0.02687	0.02687	0.02687
19	0.02362	0.02362	0.02362	0.02362
20	0.02299	0.02299	0.02299	0.02299
21	0.02303	0.02303	0.02303	0.02303
22	0.01969	0.01969	0.01969	0.01969
23	0.02723	0.02723	0.02723	0.02723
24	0.01498	0.01498	0.01498	0.01498
25	0.01734	0.01734	0.01734	0.01734
26	0.01515	0.01515	0.01515	0.01515
27	0.03492	0.03492	0.03492	0.03492
28	0.01842	0.01842	0.01842	0.01842
29	0.01803	0.01803	0.01803	0.01803
30	0.01310	0.01310	0.01310	0.01310

Exhibit 3
Sample Mortality Rates
Standard Underwriting Class
50% Male/Female Group
Non-Tobacco

Duration	<u>25</u>	<u>35</u>	<u>45</u>	<u>55</u>
1	0.000592	0.000643	0.001594	0.004051
2	0.000576	0.000685	0.001760	0.004445
3	0.000560	0.000736	0.001936	0.004877
4	0.000554	0.000800	0.002128	0.005357
5	0.000547	0.000874	0.002333	0.005888
6	0.000544	0.000960	0.002557	0.006470
7	0.000550	0.001066	0.002800	0.007107
8	0.000560	0.001178	0.003072	0.007792
9	0.000579	0.001302	0.003370	0.008531
10	0.000608	0.001440	0.003693	0.009338
11	0.000643	0.001594	0.004051	0.010221
12	0.000685	0.001760	0.004445	0.011194
13	0.000736	0.001936	0.004877	0.012266
14	0.000800	0.002128	0.005357	0.013443
15	0.000874	0.002333	0.005888	0.014742
16	0.000960	0.002557	0.006470	0.016176
17	0.001066	0.002800	0.007107	0.017750
18	0.001178	0.003072	0.007792	0.019491
19	0.001302	0.003370	0.008531	0.021434
20	0.001440	0.003693	0.009338	0.023619
21	0.001594	0.004051	0.010221	0.026083
22	0.001760	0.004445	0.011194	0.028848
23	0.001936	0.004877	0.012266	0.031942
24	0.002128	0.005357	0.013443	0.035379
25	0.002333	0.005888	0.014742	0.039149
26	0.002557	0.006470	0.016176	0.043261
27	0.002800	0.007107	0.017750	0.047693
28	0.003072	0.007792	0.019491	0.052448
29	0.003370	0.008531	0.021434	0.057581
30	0.003693	0.009338	0.023619	0.063162
31	0.004051	0.010221	0.026083	0.069184
32	0.004445	0.011194	0.028848	0.075654
33	0.004877	0.012266	0.031942	0.082566
34	0.005357	0.013443	0.035379	0.089898
35	0.005888	0.014742	0.039149	0.097571
36	0.006470	0.016176	0.043261	0.105558
37	0.007107	0.017750	0.047693	0.113853
38	0.007792	0.019491	0.052448	0.122461
39	0.008531	0.021434	0.057581	0.131376
40	0.009338	0.023619	0.063162	0.140605

Exhibit 4
Statutory Active Life Reserve Factors
Per \$1,000 Face Amount (of base policy)
Group 1, 50% Male, Non-Nicotine
Issue Age 45
Death Benefit Multiple: 1

Duration	${}_tV_x$
1	-
2	0.42
3	1.28
4	2.17
5	3.09
6	4.04
7	5.03
8	6.06
9	7.14
10	8.26
11	9.42
12	10.63
13	11.88
14	13.17
15	14.50
16	15.89
17	17.33
18	18.85
19	20.43
20	22.08
21	23.81
22	25.64
23	27.57
24	29.58
25	31.61

Extension of Benefit Rider - Death Benefit Multiple of 1

	Current Premium Scale										
Issue Age	Non-Nicotine (%Male)					Nicotine (%Male)					Guaranteed Premium Scale
	1 100%	2 70%	3 50%	4 30%	5 0%	1 100%	2 70%	3 50%	4 30%	5 0%	
16-20	0.06	0.05	0.05	0.05	0.05	0.07	0.06	0.06	0.06	0.05	0.37
21	0.06	0.06	0.05	0.05	0.05	0.07	0.06	0.06	0.06	0.05	0.38
22	0.06	0.06	0.05	0.05	0.05	0.07	0.07	0.06	0.06	0.05	0.40
23	0.07	0.06	0.06	0.06	0.06	0.07	0.07	0.07	0.06	0.06	0.42
24	0.07	0.06	0.06	0.06	0.06	0.07	0.07	0.07	0.06	0.06	0.43
25	0.07	0.06	0.06	0.06	0.06	0.07	0.07	0.07	0.07	0.06	0.45
26	0.07	0.07	0.06	0.06	0.06	0.07	0.07	0.07	0.07	0.06	0.47
27	0.07	0.07	0.07	0.06	0.06	0.08	0.08	0.08	0.07	0.07	0.49
28	0.07	0.07	0.07	0.07	0.06	0.08	0.08	0.08	0.08	0.07	0.51
29	0.08	0.08	0.08	0.07	0.07	0.08	0.09	0.09	0.08	0.07	0.54
30	0.08	0.08	0.08	0.08	0.07	0.09	0.09	0.09	0.09	0.08	0.56
31	0.08	0.08	0.08	0.08	0.08	0.10	0.09	0.09	0.09	0.09	0.59
32	0.09	0.09	0.09	0.09	0.08	0.10	0.10	0.10	0.10	0.09	0.61
33	0.10	0.10	0.10	0.09	0.09	0.11	0.11	0.11	0.10	0.10	0.64
34	0.10	0.10	0.10	0.10	0.10	0.11	0.11	0.11	0.11	0.11	0.67
35	0.11	0.11	0.11	0.11	0.11	0.12	0.12	0.12	0.12	0.12	0.71
36	0.12	0.12	0.12	0.12	0.12	0.13	0.13	0.13	0.13	0.13	0.74
37	0.13	0.13	0.13	0.13	0.13	0.14	0.14	0.14	0.14	0.14	0.77
38	0.14	0.14	0.14	0.14	0.14	0.15	0.15	0.15	0.15	0.15	0.81
39	0.15	0.15	0.15	0.15	0.15	0.16	0.16	0.17	0.17	0.17	0.85
40	0.16	0.16	0.16	0.16	0.16	0.17	0.18	0.18	0.18	0.18	0.89
41	0.17	0.17	0.17	0.17	0.17	0.18	0.19	0.19	0.19	0.19	0.94
42	0.18	0.18	0.19	0.19	0.19	0.20	0.20	0.21	0.21	0.21	0.98
43	0.19	0.20	0.20	0.20	0.20	0.21	0.22	0.22	0.22	0.23	1.03
44	0.21	0.21	0.22	0.21	0.21	0.22	0.23	0.23	0.24	0.24	1.08
45	0.22	0.23	0.23	0.23	0.23	0.24	0.25	0.25	0.25	0.26	1.14
46	0.24	0.24	0.24	0.25	0.25	0.26	0.26	0.27	0.27	0.28	1.20
47	0.26	0.26	0.26	0.26	0.26	0.27	0.28	0.28	0.29	0.30	1.26
48	0.28	0.28	0.28	0.28	0.28	0.29	0.30	0.30	0.31	0.32	1.33
49	0.30	0.30	0.30	0.30	0.31	0.32	0.32	0.33	0.33	0.34	1.40
50	0.32	0.32	0.32	0.32	0.33	0.34	0.35	0.35	0.36	0.37	1.47
51	0.34	0.35	0.35	0.35	0.36	0.37	0.37	0.38	0.39	0.40	1.56
52	0.37	0.37	0.38	0.38	0.39	0.40	0.40	0.41	0.42	0.43	1.64
53	0.40	0.40	0.41	0.41	0.42	0.43	0.44	0.44	0.45	0.46	1.74
54	0.43	0.44	0.44	0.45	0.45	0.46	0.47	0.48	0.49	0.50	1.84
55	0.46	0.47	0.48	0.48	0.49	0.50	0.51	0.52	0.53	0.54	1.95
56	0.50	0.51	0.52	0.52	0.53	0.54	0.55	0.56	0.57	0.58	2.06
57	0.54	0.55	0.56	0.56	0.57	0.58	0.60	0.61	0.62	0.63	2.19
58	0.58	0.60	0.61	0.61	0.62	0.63	0.65	0.66	0.67	0.69	2.32
59	0.63	0.65	0.66	0.67	0.68	0.68	0.70	0.71	0.73	0.75	2.47
60	0.68	0.70	0.72	0.73	0.75	0.74	0.76	0.78	0.80	0.83	2.63
61	0.74	0.77	0.79	0.81	0.84	0.80	0.83	0.86	0.88	0.92	2.80
62	0.81	0.85	0.88	0.91	0.95	0.88	0.92	0.96	0.99	1.05	2.99
63	0.90	0.96	1.01	1.05	1.11	0.98	1.05	1.09	1.14	1.21	3.19
64	1.03	1.12	1.17	1.23	1.31	1.12	1.21	1.27	1.33	1.43	3.41
65	1.20	1.31	1.39	1.46	1.57	1.30	1.42	1.50	1.58	1.71	3.67
66	1.43	1.57	1.67	1.76	1.90	1.54	1.70	1.80	1.91	2.07	3.93
67	1.70	1.88	2.00	2.11	2.29	1.83	2.02	2.15	2.29	2.49	4.22
68	2.00	2.22	2.36	2.50	2.71	2.15	2.39	2.55	2.71	2.96	4.53
69	2.32	2.58	2.75	2.92	3.17	2.49	2.78	2.97	3.17	3.46	4.87
70	2.66	2.95	3.15	3.35	3.64	2.85	3.18	3.40	3.63	3.98	5.32

Extension of Benefit Rider - Death Benefit Multiple of 2

	Current Premium Scale										
Issue Age	Non-Nicotine (%Male)					Nicotine (%Male)					Guaranteed Premium Scale
	1 100%	2 70%	3 50%	4 30%	5 0%	1 100%	2 70%	3 50%	4 30%	5 0%	
16-20	0.09	0.08	0.08	0.08	0.07	0.11	0.10	0.10	0.10	0.09	0.50
21	0.09	0.09	0.08	0.08	0.07	0.11	0.11	0.10	0.10	0.09	0.52
22	0.09	0.09	0.09	0.08	0.08	0.11	0.11	0.10	0.10	0.09	0.54
23	0.09	0.09	0.09	0.09	0.08	0.11	0.11	0.10	0.10	0.09	0.56
24	0.10	0.10	0.10	0.09	0.09	0.12	0.11	0.11	0.10	0.10	0.59
25	0.10	0.10	0.10	0.10	0.09	0.12	0.11	0.11	0.11	0.10	0.61
26	0.10	0.10	0.10	0.10	0.09	0.12	0.12	0.11	0.11	0.10	0.64
27	0.11	0.11	0.11	0.10	0.10	0.13	0.12	0.12	0.12	0.11	0.67
28	0.12	0.11	0.11	0.11	0.10	0.14	0.13	0.13	0.12	0.11	0.70
29	0.12	0.12	0.11	0.11	0.10	0.14	0.14	0.13	0.13	0.12	0.73
30	0.13	0.12	0.12	0.12	0.11	0.15	0.14	0.14	0.14	0.13	0.76
31	0.14	0.13	0.13	0.12	0.12	0.16	0.15	0.15	0.14	0.14	0.79
32	0.14	0.14	0.14	0.13	0.13	0.16	0.16	0.16	0.15	0.15	0.83
33	0.15	0.15	0.15	0.14	0.14	0.17	0.17	0.17	0.16	0.16	0.87
34	0.16	0.16	0.16	0.16	0.16	0.18	0.18	0.18	0.18	0.18	0.91
35	0.17	0.17	0.17	0.17	0.17	0.19	0.19	0.19	0.19	0.19	0.95
36	0.18	0.18	0.18	0.18	0.18	0.20	0.20	0.21	0.21	0.21	1.00
37	0.20	0.20	0.20	0.20	0.20	0.22	0.22	0.22	0.22	0.22	1.04
38	0.22	0.22	0.22	0.22	0.22	0.24	0.24	0.24	0.24	0.24	1.09
39	0.23	0.23	0.23	0.23	0.23	0.26	0.26	0.26	0.26	0.26	1.15
40	0.25	0.25	0.25	0.25	0.25	0.28	0.28	0.28	0.28	0.28	1.20
41	0.27	0.27	0.27	0.27	0.27	0.30	0.30	0.30	0.30	0.30	1.26
42	0.28	0.29	0.29	0.29	0.29	0.32	0.32	0.32	0.32	0.32	1.32
43	0.30	0.30	0.31	0.31	0.31	0.34	0.34	0.34	0.34	0.35	1.39
44	0.32	0.32	0.33	0.33	0.34	0.37	0.37	0.37	0.37	0.37	1.46
45	0.34	0.35	0.35	0.35	0.36	0.39	0.39	0.39	0.39	0.40	1.53
46	0.36	0.37	0.38	0.38	0.39	0.42	0.42	0.42	0.42	0.43	1.61
47	0.39	0.40	0.40	0.41	0.41	0.44	0.44	0.44	0.45	0.46	1.70
48	0.42	0.43	0.43	0.44	0.44	0.47	0.47	0.48	0.48	0.49	1.78
49	0.45	0.46	0.47	0.47	0.47	0.50	0.51	0.51	0.52	0.53	1.88
50	0.48	0.49	0.50	0.50	0.51	0.54	0.55	0.55	0.56	0.57	1.98
51	0.52	0.53	0.54	0.54	0.55	0.58	0.59	0.59	0.60	0.62	2.09
52	0.56	0.57	0.58	0.58	0.59	0.62	0.63	0.64	0.65	0.67	2.21
53	0.60	0.61	0.62	0.63	0.64	0.67	0.68	0.69	0.70	0.72	2.33
54	0.65	0.66	0.67	0.68	0.69	0.72	0.74	0.75	0.76	0.78	2.47
55	0.70	0.71	0.72	0.73	0.74	0.78	0.80	0.81	0.82	0.84	2.61
56	0.75	0.77	0.78	0.78	0.80	0.84	0.86	0.87	0.89	0.90	2.77
57	0.81	0.83	0.84	0.85	0.86	0.91	0.93	0.94	0.96	0.97	2.94
58	0.88	0.90	0.91	0.92	0.93	0.99	1.01	1.02	1.04	1.06	3.11
59	0.95	0.97	0.99	1.00	1.02	1.07	1.09	1.11	1.13	1.15	3.31
60	1.02	1.06	1.08	1.10	1.13	1.15	1.19	1.21	1.23	1.27	3.52
61	1.10	1.15	1.18	1.21	1.26	1.24	1.29	1.32	1.36	1.41	3.75
62	1.20	1.27	1.32	1.36	1.43	1.35	1.42	1.47	1.52	1.59	3.99
63	1.34	1.43	1.49	1.55	1.64	1.50	1.59	1.66	1.73	1.84	4.26
64	1.52	1.64	1.73	1.81	1.93	1.70	1.83	1.91	2.01	2.16	4.55
65	1.76	1.92	2.03	2.14	2.30	1.96	2.13	2.25	2.38	2.57	4.90
66	2.08	2.28	2.42	2.56	2.77	2.31	2.53	2.69	2.85	3.10	5.24
67	2.46	2.71	2.88	3.06	3.31	2.72	3.01	3.20	3.41	3.71	5.62
68	2.88	3.19	3.40	3.61	3.92	3.18	3.54	3.77	4.02	4.40	6.03
69	3.33	3.70	3.94	4.19	4.57	3.68	4.10	4.39	4.68	5.13	6.48
70	3.80	4.23	4.51	4.80	5.23	4.19	4.69	5.02	5.36	5.88	7.16

July 25, 2008

Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201

RE: Fidelity Life Association
NAIC No.: 63290
FEIN Number: 36-1068685
RE: Rider Form Filing – W3P08 and W3008

Dear Sir or Madame:

The attached forms are being submitted for your review and approval. A list of the forms included with this filing is included with this letter. These are new forms and will not replace any forms previously approved by your Department. These forms will be used with the Graded Death Benefit Whole Life Insurance Policy and the Lifetime Benefit Term Insurance Policy previously approved by your Department, or any products approved in the future.

These forms have been filed contemporaneously in our domicile State of Illinois.

This submission contains no unusual or possibly controversial items from the standpoint of normal company or industry standards.

Variable material is set off by brackets. It must be noted that no change in the variable areas will be made which will be in conflict with the laws, rules and regulations of this district. In addition, no change in variability will be made which in any way expands the scope of the wording being changed.

All forms are submitted in final print and are subject to only minor modifications in paper size, paper color, paper stock, binding, ink, shading, border, company officer signatures, font type, logo and company adaptation to computer printing/typesetting.

Please find attached the actuarial memorandums and the readability certification for these forms.

Thank you for your assistance with this filing. A prepaid, self-addressed envelope is enclosed for your convenience in replying. If you have any questions, please call me at 1-800-635-4467, ext. 267.

Sincerely,

Barbara Mooney
Vice President Actuarial Services
Vision Financial Corporation
Telephone: 800-635-4467, ext. 267
Fax: 603-357-0250
Email: bmooney@visfin.com

Enc.

Vision Financial Corporation is a Third Party Administrator for Fidelity Life Association, A Legal Reserve Life Insurance Company



Established 1896

Fidelity Life Association
1211 West 22nd Street, Suite 209
Oak Brook, IL 60523
Tel 630.522.0392
Fax 866.375.8175

June 16, 2008

Company NAIC Number: 63290
Company FEIN Number: 36-1068685

Re: Group Life Insurance Policy, Certificate and Benefit Forms
Letter of Authorization

To: All State Insurance Departments

The Fidelity Life Association, A Legal Reserve Life Insurance Company of 1211 West 22nd Street, Oak Brook, Illinois hereby authorizes Vision Financial Corporation to represent us in the submission of the captioned forms and to negotiate with insurance departments for their approval.

Sincerely,

A handwritten signature in black ink, appearing to read 'C. Brady', written over a horizontal line.

Ciaran Brady
Vice President, Operations

CERTIFICATE SCHEDULE
LIFETIME BENEFIT TERM INSURANCE

INSURED:	WILLIAM DOE	EXPIRY DATE:	MAR 01, 2087
CERTIFICATE HOLDER:	MARY DOE	FACE AMOUNT:	50,000
ISSUE AGE:	35 MALE	GUARANTEED DEATH BENEFIT TO AGE [70]:	50,000
RATE CLASS:	[NON-NICOTINE]	REDUCED GUARANTEED DEATH BENEFIT AFTER AGE [70]:	25,000
DATE OF ISSUE:	MAR 01, 2001	VESTING PERIOD:	[5 YEARS]
COVERAGE DATE:	MAR 01, 2001		
CERTIFICATE NUMBER:	08WS000001		

BENEFICIARY: AS STATED IN THE APPLICATION OR AS SUBSEQUENTLY CHANGED

CURRENT: ANNUAL PREMIUM \$378.96 PLANNED PERIODIC PREMIUM \$31.58 (MONTHLY)

GUARANTEED: ANNUAL PREMIUM \$433.56 PLANNED PERIODIC PREMIUM \$36.13 (MONTHLY)

THE CURRENT AND GUARANTEED PREMIUMS SHOWN ABOVE INCLUDE THE PREMIUM FOR ANY
OPTIONAL BENEFITS, WHICH MAY BE ATTACHED TO THIS COVERAGE. THE CURRENT PREMIUMS ARE
GUARANTEED NOT TO EXCEED THE GUARANTEED PREMIUMS. PREMIUMS ARE PAYABLE TO AGE 100.

CERTIFICATE SCHEDULE CONTINUED
 CERTIFICATE NUMBER: 08WS000001
 OPTIONAL BENEFITS

BENEFIT	AMOUNT	ANNUAL PREMIUM	COVERAGE DATE	EXPIRY DATE
OPTIONAL ACCELERATED DEATH BENEFIT FOR LONG TERM CARE AND TERMINAL ILLNESS (LTC-TI)	See below	\$ 24.50(*)	MAR 01, 2001	MAR 01, 2087
Long Term Care Monthly Accelerated Death Benefit For Confinement:				\$2,000(**)
Long Term Care Monthly Accelerated Death Benefit For Home Health Care Or Adult Day Care:				\$2,000(**)
Waiting Period: 2 Years				
Elimination Period: 90 Days				

(*) The guaranteed maximum annual premium for this benefit is \$49.00.

(**) Total lifetime accelerated death benefit may not exceed the Coverage death benefit at the time an acceleration is paid.

OPTIONAL EXTENSION OF BENEFITS	\$ 5.50(*)	MAR 01, 2001	MAR 01, 2087
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Multiple of Current Death Benefit: [1, 2 or 3]

(*)The guaranteed maximum annual premium for this benefit is \$35.52.

CERTIFICATE SCHEDULE CONTINUED
SCHEDULE OF GUARANTEED VALUES

CERTIFICATE NUMBER: 08WS000001

CERTIFICATE YEAR	ATTAINED AGE	ANNUAL PREMIUM (INCLUDES OPTIONAL BENEFITS)	DECREASING TERM DEATH BENEFIT**	PAID UP TERM DEATH BENEFIT**	GUARANTEED DEATH BENEFIT**
1	35	\$433.56	\$50,000	-	\$50,000
2	36	\$433.56	\$50,000	-	\$50,000
3	37	\$433.56	\$49,834	-	\$50,000
4	38	\$433.56	\$49,672	-	\$50,000
5	39	\$433.56	\$49,513	-	\$50,000
6	40	\$433.56	\$49,357	\$643	\$50,000
7	41	\$433.56	\$48,743	\$1,257	\$50,000
8	42	\$433.56	\$48,141	\$1,859	\$50,000
9	43	\$433.56	\$47,549	\$2,451	\$50,000
10	44	\$433.56	\$46,968	\$3,032	\$50,000
15	49	\$433.56	\$44,214	\$5,786	\$50,000
20	54	\$433.56	\$41,691	\$8,309	\$50,000
25	59	\$433.56	\$39,370	\$10,630	\$50,000
30	64	\$433.56	\$37,226	\$12,774	\$50,000
35	69	\$433.56	\$35,233	\$14,767	\$50,000
40	74	\$433.56	\$8,371	\$16,629	\$25,000
45	79	\$433.56	\$6,618	\$18,382	\$25,000
50	84	\$433.56	\$4,955	\$20,045	\$25,000
55	89	\$433.56	\$3,359	\$21,641	\$25,000
60	94	\$433.56	\$1,812	\$23,188	\$25,000
65	99	\$433.56	\$299	\$24,701	\$25,000
66-86	100-120		\$0	\$25,000	\$25,000

**BEGINNING OF YEAR COVERAGE VALUES ARE SHOWN. THE ABOVE CALCULATIONS ASSUME THAT PREMIUMS ARE PAID ANNUALLY AND THAT DEATH BENEFITS ARE PAYABLE UNIFORMLY THROUGHOUT THE COVERAGE YEAR .

THE PORTION OF THE ANNUAL PREMIUM USED TO PURCHASE PAID UP INSURANCE IS [\$282.56]. THE PREMIUM LOADS USED FOR CALCULATING THE PAID UP TERM DEATH BENEFIT IS [100%] FOR COVERAGE YEAR 1, [75%] FOR COVERAGE YEARS 2 -5 AND [0%] FOR SUBSEQUENT COVERAGE YEARS.

THE ABOVE VALUES ARE DETERMINED ACCORDING TO THE POLICY COVERAGE VALUES SECTION. VALUES ARE BASED ON THE 2001 CSO ULTIMATE, COMMISSIONERS STANDARD ORDINARY MORTALITY TABLE, UNISEX [50% MALE/50%FEMALE], [SMOKER/NONSMOKER] AT 2% INTEREST. WE WILL FURNISH ANY VALUES NOT SHOWN ABOVE UPON REQUEST. THE METHOD OF COMPUTATION OF COVERAGE VALUES HAS BEEN FILED WITH THE INSURANCE SUPERVISORY OFFICIAL IN THE STATE WHERE THE POLICY IS DELIVERED.

STATEMENT OF VARIABILITY

Description - Certificate of Coverage – Schedule Page

Page Variable is Reflected On	Variable Language	Variable Text
4	<p>Insured Name</p> <p>Certificate Holder</p> <p>Issue Age</p> <p>Rate Class</p> <p>Date of Issue</p> <p>Coverage Date</p> <p>Certificate Number</p> <p>Expiry Date</p> <p>Face Amount</p> <p>Guaranteed Death Benefit to Age 70</p> <p>Reduced Guaranteed Death Benefit to Age 70</p> <p>Annual Premium</p> <p>Planned Periodic Premium</p>	<p>The Certificate Schedule will reflect those changes that are unique to the person being insured and the selection of coverages, optional benefits and limits made by the Certificate Holder.</p> <p>Name of the Covered, Insured Person</p> <p>Name of the Certificate Holder</p> <p>Calculated Issue Age of the Insured</p> <p>Non-Nicotine or Nicotine (Smoking Classification)</p> <p>Date that Coverage has been Issued. This will normally equal the Coverage Date unless future changes have been made an amended Certificate Schedule is produced.</p> <p>Effective Date of Coverage for the Certificate.</p> <p>Identifying number for a given Certificate</p> <p>This reflects the date coverage would expire under the certificate.</p> <p>Amount of coverage elected for the given Insured.</p> <p>Amount calculated based on the coverage elected for the given insured and the defined calculations within the certificate.</p> <p>Amount calculated based on the coverage elected for the given insured and the defined calculations within the certificate.</p> <p>This will reflect the Current and Guaranteed annualized premium based on the coverages selected, issue age and rate classification of the Insured.</p> <p>This will indicate the Current and Guaranteed modal calculation of the premium based on the premium mode selected by the Certificate Holder. (i.e. Weekly, Bi-Weekly, Monthly, Quarterly, Semi-Annual)</p>
4 a, b etc.	Optional Benefits	<p>This section will reflect the Optional Benefits selected by the Certificate Holder. Only those Optional Benefits that have been filed and approved for use with this product can be selected. Variable information will include the name of the Optional Benefit, Coverage Amount, Annual Premium, Coverage Date and the Expiry Date of the Optional Benefit.</p>

	<p>Examples for the Guaranteed Insurability Option</p>	<ol style="list-style-type: none"> 1. Provides an example of what would be reflected for an Automatic Increase of a Lifetime Benefit Term rider when the contract includes a LTC or LTC-TI benefit). 2. Provides an example of what would be reflected for an Automatic Increase of a Level Term Optional Benefit. 3. Provides an example of what would be reflected for an Automatic Increase of a Lifetime Benefit Term rider when the contract does not include a LTC or LTC-TI benefit).
5	<p>Scheduled of Guaranteed Values</p>	<p>Reflects the calculated Guaranteed values based on the plan variation, premium and coverage amounts selected.</p>